

UNITED STALES DEPARTMENT OF COMMERCE Patent and Tradomark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Weshington, D.C. 20231

FILING DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NO.

	EXA	EXAMINER	
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	ART UNIT	PAPER NÚMBER	
interview summary	DATE MAILED:		
All participants (applicant, applicant's representative, PTO personnel):	and the second s		
(1) RON Schwadren (3)	taring a second of the second	en e	
(2) Robert Buchapan (4)			
Date of Interview			
Type: Telephonic Personal (copy is given to applicant Applicant's repre	centativo	and the second of the second o	
Exhibit shown or demonstration conducted: Yes No If yes, brief description:	somanvej.	• .	
Agreement □ was reached. ☑ was not reached. Claim(s) discussed:		The state of the s	
identification of prior art discussed:			
art discussed.			
Description of the general nature of what was agreed to if an agreement was reached, or $\rho \circ \rho $	any other comments: Di	scussed v of	
prior art TUR constructs			
potential puidence do	be cuba	3 370	
in declaration tom	3000	i tted	
A fuller description, if necessary, and a copy of the amendments, if available, which the emust be attached. Also, where no copy of the amendments which would render the claims attached.)	xaminer agreed would render t s allowable is available, a summ	ne claims allowable nary thereof must be	
. It is not necessary for applicant to provide a separate record of the substance of the	interview		
Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WES NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See Maction has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERSUBSTANCE OF THE INTERVIEW.	RITTEN RESPONSE TO THE L	AST OFFICE ACTION onse to the last Office MENT OF THE	
Since the Examiner's interview summary above (including any attachments) reflects rejections and requirements that may be present in the last Office action, and since is considered to fulfill the response requirements of the last Office action. Applicant the interview unless box 1 above is also checked.			
xaminer Note: You must sign this form unless it is an attachment to another form		•	

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FORM PTOL-413 (REV.1-96)

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